

*BULKLEY, (L.D.)*

INDEX  
MEDICUS

On the Relation Between the General Practitioner and the Consultant or Specialist.

BY  
L. DUNCAN BULKLEY, A.M., M.D.,  
PHYSICIAN TO THE NEW YORK SKIN AND CANCER HOSPITAL, ETC.

---

*Read before the American Academy of Medicine, November 13, 1888.*

---

Reprinted from the "Journal of the American Medical Association," February 2, 1889.

---



CHICAGO:  
PRINTED AT THE OFFICE OF THE ASSOCIATION.  
1889.



*With the Compliments  
of L. S. Bulkley M.D.*

ON THE RELATION BETWEEN THE  
GENERAL PRACTITIONER AND  
THE CONSULTANT OR  
SPECIALIST.

---

Reprinted from "The Journal of the American Medical  
Association," February 2, 1889.

---

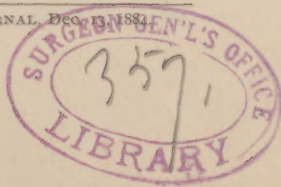
Four years ago<sup>1</sup> I ventured to present to this honorable body some thoughts concerning "Specialties, and their Relation to the Medical Profession," which were kindly received in many directions. The subject was so large a one that it could be only partially considered within the desired limits, and the discussion of certain points relating thereto was deferred until another occasion, which I now avail myself of, by the kind invitation of your worthy President.

As the points now to be considered in regard to "The Relations between the General Practitioner and the Consultant or Specialist" have a very close bearing upon those discussed in the former paper, it may not be out of place to very briefly indicate the line of thought there followed out, and to give a summary of the argument then presented.

1. Specialism was found to be a natural, healthy outgrowth from general medicine, as one and another person engaged in the study and practice of medicine has emphasized and developed one portion or another of the vast field in which all have labored.

---

<sup>1</sup> Annual Meeting Oct. 4, 1884. THE JOURNAL, Dec. 13, 1884.



2. The science and art of medicine has, in company with other sciences, become so vast that no one mind is capable of fully grasping every portion of it, and every medical man is unconsciously more or less of a specialist, or more qualified in certain lines of knowledge and experience than he is in many others.

3. Specialties have aided greatly in the advancement of the science and practice of medicine, by the concentration of thought and experience in special directions, and by collecting and utilizing large numbers of cases for the instruction of those studying medicine.

4. The several branches, or specialties, into which medicine is divided, are so great and extensive each, that the study and practice of each branch is sufficient to fully occupy the time and thought of any one individual, it being difficult even to follow all the advances in any one particular line or department of medicine.

5. In order to properly follow and develop one of the specialties in medicine, the medical man should be particularly well educated, theoretically and practically in general medicine, and should have experience in the same before taking up a special branch; the highest type of a specialist is one who, after thorough training and experience as a general practitioner, develops a special branch in his practice, and more or less gradually comes to devote the greater part or all of his time to the same. In other words, the specialist should be a good physician *plus* the particular knowledge of his specialty.

6. The practice of taking up a specialty immediately after graduation, without such training and experience, is to be deprecated, and is too frequently the cause of a want of success practically, or of a narrow-mindedness which must and

does act prejudicially, both for those under treatment, and for the scientific development of the branch of medicine represented.

7. The tendency to specialism in medicine cannot be arrested, both because the vastness of medical science demands it, and because the public require and will pay for the highest attainable knowledge, experience, and success in this as in all other matters relating to human comfort and welfare.

This being, then, the position of specialism in medicine to-day, what relations do exist and should exist between the general practitioner and those who stand thus in a somewhat peculiar position in the ranks of the medical profession, namely the consultants and specialists? for of necessity there must be some relations, inasmuch as they are constantly coming in contact, through the agency of those whom both seek to cure of their maladies.

It will be noticed that I have included the so-called ordinary consultants in medicine and surgery with the specialists, for the former are really, for the time at least, identical with the latter, they being called in consultation because of their special knowledge in the particular case in hand. Moreover, the true and properly-educated specialist really stands on the same footing, according to what has preceded; for he is, or should be, not only a physician or surgeon who is thoroughly acquainted with general medicine, theoretically and practically, but also one who has devoted particular attention to, and acquired peculiar knowledge and skill in some special branch or department of medicine, or class of diseases.

We may best compass our subject by considering the various points separately, and these may

be discussed under two great divisions: *First*. As relates to the general practitioner's side or aspect of the question; and *Second*. As relates to that of the consultant or specialist.

*First. As relates to the general practitioner.*—Here we may first consider the negative side of the subject. The multiplication of specialties does not signify that the general practitioner is to become simply the feeder or the distributor of cases to those who have given special attention to each particular branch. It would be manifestly improper, and productive often of harm to the patient, if as each individual organ was affected he should seek the aid of, or send the case to, some one who had devoted special attention to this or that particular "ology." His education in general medicine should include sufficient knowledge to make him to cope with the ordinary run of practice in all departments, with some few exceptions, perhaps, and it may be safely said that with his acquaintance with the patient's constitution and peculiarities, he can treat a considerable share of the cases belonging to special departments quite as well as one who has made a specialty of the same. This is more particularly the case since, by the multiplication of hand- and text-books, and by the various clinics and post-graduate courses, the specialists have done all in their power to make their special knowledge as generalized in the profession as possible.

But with all the zeal which can be put forth, as we have seen, no one man can compass the whole field of medicine and surgery, with an equal proficiency in every branch, and the honest practitioner continually must find himself in perplexity in some manner or other, and must hope at least, that some other brother practitioner who has perhaps had a wider experience in that par-

ticular direction, will be able to aid him in a matter of diagnosis or treatment; and if he is perfectly honest, he will acknowledge to himself, at least, that the interest of his patient demands, and really should have aid, which he feels he cannot furnish, and the natural impulse will be to seek such aid. Hence came, in former times, consultations in many directions, medical and surgical, with older physicians who had gained more general experience.

With the advancement of the science and art of medicine, surgery became the first general specialty, and it became recognized that one who possessed a taste and showed a fitness for surgery by coolness and patience, and who kept on hand a variety of surgical implements, was far more successful in dealing with surgical cases than the one who was not thus fitted for the work; then, gradually, there was added the qualification of experience, and the surgeon was an acknowledged necessity everywhere, and surgery has been now an established department for very many years.

Perhaps the most striking and conclusive illustration of the value of a further segmentation of medical practice is found in abdominal surgery, which by the arduous and brilliant labors of its devotees has made strides which could not have been imagined fifty years ago; who can reckon or even conjecture the amount of comfort and human happiness which has been rendered by the ovariectomies, numbering thousands, which have been performed by the masters in this line of work, and their followers. Surely every family practitioner does not now feel justified in undertaking serious surgical cases, or in performing ovariectomy, without some special fitness and qualifications, which comparatively few possess.

It is not necessary to carry this line of thought further, but all who have seen much of practice, must acknowledge that cases about the male and female genito-urinary organs, the throat, the eye, the ear, the skin, the heart, the lungs, the joints, and the nervous system, have presented difficulties in diagnosis and treatment which have been solved when undertaken by those who had made special study of the same.

What, then, are the relations which exist between the general practitioner and the consultant or specialist? They are those which should exist between friendly brother practitioners, advising together with regard to the very best interests of the sufferer whom they are called upon to relieve, and whose interests they are bound by their high calling to serve according to the best of their ability.

But, says one, that is well enough theoretically, but in practice it does not always work so well, and one or the other physician often suffers thereby. Unfortunately this is sometimes true, but the *principle* remains also true that the best interests of the patient, who pays his money for it, should be served ; and, what is more, the *fact* remains true, that the patient *will* in the end secure the service which is most beneficial. And so it sometimes happens that the general practitioner who has not secured for his patient the best advice attainable, will receive more blame and harm by not securing the aid, or turning over the case to another, than he could possibly have received by so doing. It is a daily occurrence for one in special practice to hear a family physician blamed, and that too, often very severely, by his own patients, for not acknowledging that the case was obscure and giving the patient the aid of the service of others ; and the

conscientious specialist often finds it very difficult to guard the honor and reputation, it may be of his best friends who are thus berated.

With the position of specialism in medicine at the present time, it is both the duty, and the part of wisdom, for the general practitioner to give patients the benefit of their services, and that, too, before the cases are hopeless, and even before they have exhausted every means of relief at their own disposal. For experience has shown that often gain to the patient may be had thereby, and if the patient can pay for it and is willing to do so, he has the same right to it that he has to any other element or agent which can be employed in effecting a cure. And experience has further shown that the practitioner who honestly gives his patients the opportunity of securing relief in this manner, gains quite as much from his reputation for fair dealing as he might actually lose by the fees which a specialist might secure from the same patient, or even more.

It is further a fact, that the family practitioner by no means loses all the money which may be paid to the specialist, for in the first place, patients are more willing to follow out the treatment of the latter than they are of their family physician, and will often continue faithfully under treatment, and make the necessary regular visits, when before they have consulted their family adviser only at the most irregular periods, and have followed his treatment in a most desultory manner. Moreover, the fees as a rule are higher to the consultant and specialist than the family physician can collect, so that he does not in reality lose as much as might be imagined. The reason for the larger individual fees is found in the greater amount of time given to the investigation of cases, and also the very large expenditure of time which is often

made by them in acquiring their knowledge and experience in study abroad and in public practice at home.

But another reason for sharing practice with consultants and specialists is found in the rights of these latter. As medical men, fully qualified and authorized to practice, they have a claim and a right to such of the confidence and support from their fellow men as they can honorably acquire. In entering upon the practice of a specialty they voluntarily give up their claim and right to gain a livelihood from treating a greater part of the body, and confine their attention to a single organ, or group of diseases. They have just as much right to care for the disease coming within the scope which they have marked out for themselves as the general practitioner has to care for the entire human frame. Now, because a friend of a specialist, who for instance, has just moved into a locality, requires some treatment other than the one which he is prepared to give, and so seeks a general practitioner, he is at once regarded as the patient of the latter, whereas his choice would have been the specialist, if he had not voluntarily declined to treat him outside of his branch. The illustration is given to show that the specialist has a right to a certain amount of practice, which, moreover, the public are sure to accord, when it becomes aware that to do so is also to their advantage.

This brings us to the consideration of the second branch of our topic, which can be briefly disposed of, namely :

*Second.*—*The relation between the general practitioner and the consultant or specialist, as relates to the standpoint of the latter.*

1. Is it advisable for the specialist to take general or family practice? It must be granted that

scientifically and practically, it is far better for him as a medical man to see something beyond his specialty, his knowledge will be more rounded and symmetrical; his views will be broader and more practical, and he will really be able to treat his patients better, other things being equal, if he can have general medical experience than if he is wholly confined to the daily round of his specialty. But, on the other hand, there are reasons why it seems impracticable for the specialist to engage in general practice; the two conflict in point of time and hours, and practically he finds that he must choose between an office practice or general work. It would be well if he could keep up his general knowledge by service as visiting physician to a general hospital, but this is not always practicable.

One of the greatest objections to a specialist's continuing in general family practice is found in the continual conflict it causes with regard to the practice of other physicians. The specialist who has successfully treated a case which had before proved obstinate is continually asked to see others in the family for other complaints, and if he is in general practice it is immeasurably more difficult to refuse than when he confines his attention to a single branch. In either case it is unquestionably the duty of the specialist to utterly refuse to take other practice in families of patients who have been referred to him for consultation or treatment; it is his moral obligation, as well as his interest, to be loyal to the brother practitioner who in honesty has sought his aid for a patient in a particular line of practice.

2. What is to be done in regard to patients who have been sent or brought in consultation, and who subsequently desire or insist on being wholly under the care of the specialist alone? This is

sometimes a serious and perplexing question and one which many a consultant and specialist has found difficult to solve in individual instances. I have put the question carefully to lawyers and business men many times, not as related to their own cases, but theoretically, and the universal reply has been that the patient had a right to choose, and that the specialist was in duty bound to treat him. But our Code rightly teaches that the consultant should only act when requested by the attending physician, and undoubtedly the rule holds good that physicians should be very slow to take patients from one another, especially when confidence has been reposed in one by a brother practitioner seeking advice for a patient. And, higher than this, stands the Golden Rule, to do to others as we would have them do to us—which if more borne in mind and acted upon would solve many problems and many difficulties.

But, on the other hand, the Code recognizes that "in consultation the good of the patient is the sole object in view," and it must be granted that patients have rights in the matter. When, therefore, patients desire and insist on being treated directly by the consultant what should be done? As I believe, the patient should be informed of the ethical aspect of the case and asked either to request a note from his physician placing him in charge of the consultant; or, should the patient notify his physician that he wishes the proposed change, and unless there is some particular reason to the contrary the choice of the patient is to be followed. When the patient comes from a distance, or the emergency is such that it is desirable for him to give relief at once (and the patient desires the change) the consultant should write to the attendant, stating the facts of the case, giving the line of treatment prescribed, and then, either ask

the patient to follow the previously mentioned plan, or he himself should communicate with the family physician, stating that the patient desires him to carry on the treatment, begging a reply expressing his wishes in the matter.

At the best, such changes in the medical supervision of a case are unpleasant, both for the consultant and family practitioner and will often require care and tact to escape giving offense; and not infrequently the best intentions and the most careful actions will still fail in avoiding some means of annoyance. But, as before stated, patients have rights in the matter, and can and will choose who shall heal them.

3. Numbers of patients come to a specialist directly from his general reputation, or from some other patient, or from some other cause: should the family practitioner be consulted or referred to in regard to these cases? Theoretically it were better, perhaps, if this could be done, but in practice it is impossible or impracticable. Patients have a right to seek aid where they think they are most likely to find it, and in the present state of medical specialism they are likely to do so more and more. The most, therefore, that the specialist can do is to seek to treat his brother practitioner, who has seen the case before him, fairly, and, as the Code has it, "the conduct or practice previously pursued should be justified as far as candor and regard for truth and probity will permit." Further than this he need not go, he has a right to prescribe for the patient independently and to all practical intents and purposes that is "his patient," at least as far as relates to the particular malady for which he was consulted. In practice undoubtedly the welfare of the patient is the first object, but in benefiting the one, care may and should be exercised not to harm another.

There are other points and questions which might be considered in connection with our subject, but must be omitted for want of time. Enough has been said, however, to show that the general practitioner and the consultant or specialist are not so widely separated as some have imagined; they are brethren in one noble calling, they should both be actuated by the same high purpose to do the most good possible to their fellow creatures, and while both have their rights and privileges, both will find these rights and privileges best conserved by seeking to remember and practice the Golden Rule.

4 East 37th Street.



